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Valid OMB CONICO NUMBER:	Application Number	09/915,367
TRANSMITTAL	Filing Date	July 27, 2001
FORM	First Named Inventor	Scott T. Trosper
(to be used for all correspondence after initial filing	ng) Group Art Unit	2632 RECFIV
· · · · · · · · · · · · · · · · · · ·	Examiner Name	T. Pham JUL 2 2 20
Total Number of Pages in This Submission	Attorney Docket Number	MI40-333 Technology Cente
ENG	CLOSURES (check all that ap	
X Fee Transmittal Form (for X) Fee Attached Dra X Amendment / Response Lic After Final Pet and Aftidavits/declaration(s) Pet Pro Ch X Extension of Time Request Sm Information Disclosure Statement	signment Papers r an Application) awing(s) ensing-related Papers tition Routing Slip (PTO/SB/69) d Accompanying Petition tition to Convert to a ovisional Application wer of Attorney, Revocation ange of Correspondence dress rminal Disclaimer nall Entity Statement	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter X Additional Enclosure(s) (please identify below): Return Receipt Postcard A \$110.00 Check
Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	EV31715	35535
SIGNATURE OF AF	PLICANT, ATTORNEY, OR	AGENT
Firm or James D. Shaurette, Reg Individual name Wells, St. John, P.S. Signature Date Date	. No. 39,833	
CERTI	FICATE OF MAILING	
hereby certify that this correspondence is being de envelope addressed to: Assistant Commissioner fo	eposited with the United States P r Patents, Washington, D.C. 2023	ostal Service as express mail in an 31 on this date: July 14, 2003
Typed or printed name Trinity Coxon	70 (14/62

Trademark Office, Washington, DC 20231. DO N Commissioner for Patents, Washington, DC 20231.

PTO/SB/17 (01-03)
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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 110.00

Complete if Known		DES	١
Application Number	09/915,367	RECE	WED
Filing Date	7/27/2001		VEU
First Named Inventor	Scott T. Trospe	r JUL 2	2003
Examiner Name	T. Pham	Technology C	
Art Unit	2632	mology C	nter 2600
Attorney Docket No.	MI 40-333		

METHOD OF PAYMENT (check all that apply)			35		
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X Deposit Account:		Small Entity			
Deposit Account:	Fee Fee Code (\$)	Fee Fee Fee Description Code (\$) Fee	an Daid		
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Number Deposit	1052 50	1			
Account Wells St. John P.S.		cover sheet			
Name The Commissioner is authorized to: (check all that apply)	1053 130 1812 2,520				
Charge fee(s) indicated below Credit any overpayments			——		
Charge any additional fee(s) during the pendency of this application	1804 920	1804 920° Requesting publication of SIR prior to Examiner action			
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to the above-identified deposit account.		Examiner action			
FEE CALCULATION	1251 110		10.00		
1. BASIC FILING FEE	1252 410				
Large Entity Small Entity	1253 930				
Fee Fee Fee Fee Paid Code (\$) Code (\$)	1254 1,450				
1001 750 2001 375 Utility filing fee	1255 1,970	2255 985 Extension for reply within fifth month			
1002 330 2002 165 Design filing fee	1401 320	2401 160 Notice of Appeal			
1003 520 2003 260 Plant filing fee	1402 320				
1004 750 2004 375 Reissue filing fee	1403 28	2403 140 Request for oral hearing			
1005 160 2005 80 Provisional filing fee	1451 1,510	1451 1,510 Petition to institute a public use proceeding			
SUBTOTAL (1) (\$)	1452 11	2452 55 Petition to revive - unavoidable			
	1453 1,30	2453 650 Petition to revive - unintentional			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501 1,30				
Extra Claims below Fee Paid	1502 47	1			
Total Claims 20** = X =	1503 63	T F			
Glaims - 3** = * =	1460 13	1460 130 Petitions to the Commissioner			
Multiple Dependent	1807 5	1807 50 Processing fee under 37 CFR 1.17(q)			
Large Entity Small Entity	1806 18				
Fee Fee Fee Fee <u>Fee Description</u> Code (\$)	8021 4	8021 40 Recording each patent assignment per property (times number of properties)			
1202 18 2202 9 Claims in excess of 20	1809 75				
1201 84 2201 42 Independent claims in excess of 3	1	(37 CFR 1.129(a))			
1203 280 2203 140 Multiple dependent claim, if not paid	1810 75	2810 375 For each additional invention to be examined (37 CFR 1.129(b))			
1204 84 2204 42 ** Reissue independent claims over original patent	1801 75				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 90				
		Other fee (specify)			
SUBTOTAL (2) (\$) Reduced by Basic Filing Fee Paid SUBTOTAL (3)			.00		
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SUBMITTED BY				(Complete (if applicable)	
Name (Print/Type)	James D. Shauretten	Registration No. (Attorney/Agent) 39,833	Telephone	509.624.4/276	
Signature	13823		Date	7/14/03	

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